Med Pregl 2025; LXXVIII (1-2): 29-35. Novi Sad: januar-februar.

DID THE FEAR OF COVID-19 INFLUENCE PARENTS' BEHAVIOR IN MAINTAINING CHILDREN'S ORAL HEALTH?

DA LI JE STRAH OD KOVIDA 19 UTICAO NA PONAŠANJE RODITELJA U ODRŽAVANJU ORALNOG ZDRAVLJA DECE?

Katarina ŠLJIVIĆ[1], Olivera TRIČKOVIĆ JANJIĆ[2], Maja NIKOLIĆ[1,3] and Ivana STOILJKOVIĆ[1]

ORCID NUMBER
Katarina Šljivić – 0009-0003-9134-0886
Olivera Tričković Janjić – 0000-0003-3506-0946
Maja Nikolić – 0000-0003-3993-0785
Ivana Stoiljković – 0009-0004-8030-0042

University of Niš, Faculty of Medicine, Niš[1]
University of Niš, Faculty of Medicine, Clinic for Dental Medicine,
Department of Preventive and Pediatric Dentistry, Niš[2]
Department of Social Medicine and Hygiene with Medical Ecology[3]

Original study
Originalni naučni rad
UDK 616.31-053.2:[616.98:578.834
https://doi.org/10.2298/MPNS2502029S

Abstract
Introduction. Parental fear of SARS-CoV-2 infection may have negatively affected children's oral health by reducing the frequency of dental visits. The study aimed to evaluate the influence of parental fear on children's attendance at dental check-ups during the COVID-19 pandemic. **Material and Methods.** This cross-sectional study was conducted using a specially designed questionnaire consisting of nine items, including a Likert scale. The first section collected socio-demographic data, while the second focused on parental fear and the maintenance of children's oral hygiene during the pandemic. The study included 187 parents of children and adolescents aged 3 to 17 years who were patients at the dental department of the Health Center in Brus, Serbia. Data were analyzed using Microsoft Excel and SPSS software version 18.0. **Results.** The highest average agreement score on the Likert scale (3.48±1.525) reflected a moderate level of fear, while the greatest disagreement (2.57±1.636) was with the statement indicating an absence of fear. Regarding dental visits, 75.4% of parents reported they would bring their child for both regular and urgent check-ups, whereas 24.6% would only attend urgent appointments. However, fear intensity did not significantly influence this behavior (p>0.05). Although a correlation was observed between moderate fear levels and the choice of dental facility and visit type, it was not statistically significant (p>0.05). **Conclusion.** The study suggests that a moderate level of parental fear of SARS-CoV-2 infection did not significantly impact the frequency of children's regular dental visits during the pandemic.
Key words: COVID-19; SARS-CoV-2; Dental Health; Dentistry; Child; Parents; Fear

Sažetak
Uvod. Strah roditelja od zaraze virusom SARS-CoV-2 je mogao nepovoljno uticati na oralno zdravlje dece. Cilj istraživanja bio je proceniti uticaj straha roditelja od infekcije SARS-CoV-2 virusom na odlazak dece na stomatološki pregled. **Materijal i metode.** Studija je dizajnirana kao studija preseka uz upotrebu originalno konstruisanog upitnika koji se sastojao od devet pitanja i Likertove skale. Prvi deo upitnika je obuhvatao socio-demografske karakteristike ispitanika, a drugi deo upitnika se odnosio na strah roditelja i održavanje oralne nege dece tokom pandemije. Istraživanje je obuhvatilo 187 ispitanika, roditelja dece i tinejdžera, uzrasta od tri do 17 godina, koji su bili pacijenti stomatološkog odeljenja Doma zdravlja Brus, Srbija. Statistička analiza urađena je korišćenjem *Excel* programa iz *Microsoft Office* programskog paketa i SPSS programa u verziji 18.0. **Rezultati.** Najveći prosečni skor slaganja odgovora po Likertovoj skali (3,48 ± 1,525) bio je sa umerenim stepenom straha, a najveće neslaganje (2,57 ± 1,636) bilo je sa tvrdnjom da nema straha. U pitanju koje se odnosilo na redovne posete deteta stomatologu, 75,4% ispitanika bi odvelo dete i na redovnu kontrolu, kao i na hitnu intervenciju, a 24,6% ispitanika samo na hitnu intervenciju, ali to nije bilo značajno uslovljeno jačinom straha (p > 0,05). U ispitivanoj korelaciji intenziteta straha, odgovora „bio/la sam uplašen/a, ali ne previše" i odgovora o odabiru ustanove i realizaciji redovne kontrole ili hitne stomatološke intervencije, nađena je korelacija, ali nedovoljno statistički značajna (p > 0,05). **Zaključak.** Dokazan umereni strah roditelja od infekcije virusom SARS-CoV-2 u stomatološkoj ordinaciji, u našem istraživanju, nije doveo do promena u redovnim odlascima dece na stomatološki pregled.
Ključne reči: COVID-19; SARS-CoV-2; oralna nega; stomatologija; dete; roditelj; strah

Introduction

The COVID-19 pandemic posed a major challenge to healthcare systems worldwide, including the field of dentistry [1]. Healthcare resources were redirected to address the crisis, resulting in delays or limitations in treatment, particularly for non-emergency services. Furthermore, stringent sanitary protocols, social distancing, and lockdown measures were implemented in most countries to curb the spread of the virus, leading to widespread health, economic, and social consequences [2]. In addition to physical health concerns, the pandemic significantly impacted mental health across all age groups, with heightened levels of fear and anxiety being especially prominent [3]. Studies indicate that the prevalence of clinical anxiety among adults nearly doubled during the pandemic [4]. Given the widespread prevalence of dental

Corresponding author: Katarina Šljivić, E-mail: katarinasljivic23@gmail.com

Abbreviations
SARS-CoV-2 – Severe Acute Respiratory Syndrome Coronavirus 2

anxiety even before the pandemic, fear associated with COVID-19 may have further influenced individuals' decisions regarding dental visits [5].

The elevated risk of SARS-CoV-2 transmission in dental settings is largely attributed to aerosol generation during routine procedures [6]. As a result, dental care during the pandemic shifted its focus on emergency interventions, while preventive and routine care was often postponed, potentially leading to deterioration of oral health [7]. In this context, parental fear of infection may have discouraged them from taking their children to dental appointments, thereby jeopardizing children's oral health [8]. Moreover, the expression of fear by parents in the presence of their children can negatively affect children's attitudes towards dental care and treatment compliance [9].

During the COVID-19 pandemic, a notable decline in children's dental visits was observed, likely influenced by increased parental fear. Therefore, the aim of this study was to assess the impact of the intensity of parental fear of SARS-CoV-2 infection on the frequency of children's dental visits.

Material and Methods

This cross-sectional study was conducted using a specially designed questionnaire **(Attachment 1)**, developed based on a review of similar studies in the literature [9–11]. The research took place at the Dental Department of the Health Center Brus, Serbia, from August to December 2021. Prior to participation, written informed consent was obtained from the Health Center's administration, from parents or legal guardians, and – where appropriate – from the children themselves, after being informed about the study's aims. The study received ethical approved from the Ethics Committee of the Health Center Brus, Serbia (approval number: 257, dated July 9, 2021), and was

Attachment 1. Questionnaire

<table>
<tr><th>Questions</th><th>Answers</th></tr>
<tr><td>Gender?</td><td>a) male
b) female</td></tr>
<tr><td>How old are you?</td><td></td></tr>
<tr><td>Place of residence</td><td></td></tr>
<tr><td>4. Level of education?</td><td>a) primary,
b) secondary
c) college or university</td></tr>
<tr><td>How old is your child?</td><td></td></tr>
<tr><td>Have you or anyone in your family tested positive for SARS-CoV-2?</td><td>a) yes
b) no</td></tr>
<tr><td>How would you rate your level of fear during the pandemic regarding the possibility of virus infection in the dental clinic?</td><td>a) I was very scared
b) I was scared, but not that much
c) I wasn't scared
<table>
<tr><th></th><th>1. Absolutely disagree</th><th>2. Disagree</th><th>3. Can't decide</th><th>4. Agree</th><th>5. Absolutely agree</th></tr>
<tr><td>a) I was very scared</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>b) I was scared, but not that much</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>c) I wasn't scared</td><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Would you take your child for a regular dental check-up or only for emergency treatment during the pandemic?</td><td>a) yes, I would take them for a regular check-up, as well as for an emergency intervention
b) no, I wouldn't take them for a regular check-up, but only for an emergency intervention</td></tr>
<tr><td>If your child needs dental treatment during the pandemic, where would you take them?</td><td>a) to a state institution
b) to a private dental clinic</td></tr>
</table>

conducted in accordance with the principles of the Declaration of Helsinki regarding children's rights.

The study sample included 187 participants - parents or guardians of children and adolescents aged 3 to 17 years - who were patients at the Health Center's dental department. Participation was voluntary and required informed consent. The questionnaire required approximately 10 minutes to complete, and participants either wrote or circled their responses. Each participant was assigned a specific number in order to protect their identity. The first section of the questionnaire comprised 5 questions related to sociodemographic characteristics, including gender, age, place of residence, level of parental education, and the child's age **(Attachment 1).** The sixth question asked whether the respondent or any family members had previously been infected with the SARS-CoV-2. Question seven (Q7) assed the level of parental fear of SARS-CoV-2 infection during dental visits, for both themselves and their children. This question utilized a Likert scale [12], a widely accepted method for quantifying attitudes. Respondents indicate the extent of their agreement with the provided statements using a 5-point scale: 1 – strongly disagree, 2 – disagree, 3 – neither agree nor disagree, 4 – agree, 5 – strongly agree. A neutral response category was included to ensure balanced measurement.

The eighth question asked whether parents took their children for regular dental check-ups during the pandemic, or only sought treatment in urgent cases. The final question addressed parents' choice of healthcare institution - whether they preferred state or private dental clinics during the pandemic **(Attachment 1).**

Descriptive statistics were used to summarize the data, including arithmetic mean, standard deviation (SD), absolute frequency (N), and index of structure (%). Analytical methods were applied to test the statistical significance of differences between variables. The Pearson chi-square test was used for categorical data comparisons, while Student's t-test was employed to compare mean values between two independent groups. Non-parametric correlation analysis (Spearman's rank correlation coefficient) was used to assess associations between ordinal or non-normally distributed variables. Statistical analysis was performed using Microsoft Excell and SPSS version 18.0. The results are presented in both tabular and graphical formats, with statistical significance set at $p<0.05$.

Results

In the analyzed sample of parents (n=187), slightly less than half were men - 90 (48.13%) - while women comprised 97 (51.87%). The average age of male respondents was 44.7±7.4 years, and the average age of female respondents was 40.4±7.4 years. The age difference was statistically significant ($p<0.001$) **(Table 1).**

Regarding the place of residence, a smaller proportion of participants lived in urban areas (10.2% of men and 16.6% of women), while a larger proportion lived in rural areas (38% of men and 35.2% of women). With respect to education level, 5.9% of men and 5.3% of women had completed primary education, 34.8% of men and 31% of women had completed secondary education, and 7.5% of men and 15.5% of women had obtained higher education. The differences in distribution by place of residence and education level were not statistically significant by gender ($p>0.05$). The children of the respondents had a mean age of 10.1±3.41, with girls averaging 10.45±3.5 and boys averaging 9.67±3.2 years **(Table 1).**

Table 2 presents the distribution of responses to question 7 abc (Q7), which addressed the level of fear of SARS-CoV-2 infection, as well as differences in distribution by gender, education, place of residence, and history of SARS-CoV-2 infection**.**

There was no statistically significant gender-based difference in the level of fear regarding SARS-CoV-2 infection in the dental office ($p>0.05$). Approximately one-quarter of respondents (22.4% of men and

Table 1. Socio-demographic structure of participants

Participants	Male	Female	Total	test
N (%)	90 (48.13%)	97 (51.87%)	187 (100%)	
Parents' age	44.69±7.389	40.37±7.366	42.45±7.669	<0.001**
Child's age	9.67±3.243	10.45±3.530	10.07±3.409	>0.05**
Residence city	19 (10.2%)	31 (16.6%)	50 (26.7%)	
Village	71 (38%)	66 (35.2%)	137 (73.3%)	>0.05*
Education primary	11 (5.9%)	10 (5.3%)	21 (11.2%)	
Secondary	65 (34.8%)	58 (31%)	123 (65.8%)	
College or university	14 (7.5%)	29 (15.5%)	43 (23%)	>0.05*

**Student's t-test; *Pearson chi-square test

Table 2. Level of fear in relation to gender, education, residence, and previous SARS-CoV-2 infection

Q7	a	%	b	%	c	%	Total	%	χ^2 test
By gender									
m	22	24.4%	42	46.7%	26	28.9%	90	100%	>0.05
f	22	22.7%	56	57.7%	19	19.6%	97	100%	
By education									
Primary	6	28.6%	6	28.6%	9	42.9%	21	100%	<0.05
Secondary	32	26%	63	51.2%	28	22.8%	123	100%	
College or University	6	14%	29	67.4%	8	18.6%	43	100%	
By residence									
City	10	20%	24	48.0%	16	32%	50	100%	>0.05
Village	34	24.8%	74	54.0%	29	21.2%	137	100%	
By SARS-Cov-2 infection									
Yes	32	47.1%	31	45.6%	5	7.4%	68	100%	
No	12	10.1%	67	56.3%	40	33.6%	119	100%	<0.0001
Total	44	23.5%	98	52.4%	45	24.1%	187	100%	

Legend: Q7: a) I was very scared; b) I was scared, but not that much; c) I was not scared

22.7% of women) reported being very scared, while nearly half (46.7% of men and 57.7% of women) reported a moderate level of fear. A smaller portion (28.9% of men and 19.6% of women) reported having no fear at all **(Table 2).**

Differences in the level of fear by education level showed statistical significance ($p<0.05$). Among parents with primary education, 28.6% reported being very scared, 28.6% moderately scared, and 42.9% not scared at all - a statistically significant difference compared to those with secondary and higher education ($p<0.05$). Among parents with secondary education, 26% reported being very scared, 51.2% moderately scared, and 22.8% not scared at all. For respondents with higher education, 14% were very scared, 67.4% were moderately scared, and 18.6% reported no fear of SARS-CoV-2 infection **(Table 2).**

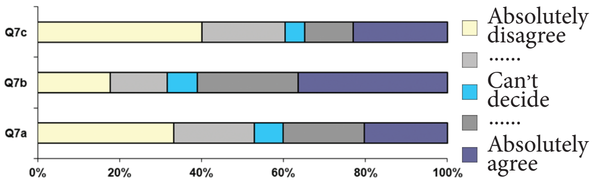
No statistically significant differences were observed in fear levels based on place of residence ($p>0.05$). In urban areas, 20% of respondents reported being very scared, 48% moderately scared, and 32% not scared at all. In rural areas, 24.8% were very scared, 54.0% moderately scared, and 21.2% had no fear **(Table 2).**

Regarding SARS-CoV-2 infection history, 47.1% of parents who reported confirmed infection in their families stated they were very scared, 45.6% were mod-

Table 3. Parental attitude towards the type of intervention and choice of dental institution during the pandemic in relation to the level of fear

			Level of fear Q7			Total	χ^2 test
			a	b	c		
Type of intervention Q8	A	N	28	79	34	141	
		%	15.0%	42.2%	18.2%	75.4%	
	B	N	16	19	11	46	
		%	8.6%	10.2%	5.9%	24.6%	>0.05
Choice of institution Q9	A	N	20	60	26	106	
		%	10.7%	32.1%	13.9%	56.7%	
	B	N	24	38	19	81	
		%	12.8%	20.3%	10.2%	43.3%	
Total		N	44	98	45	187	>0.05
		%	23.5%	52.4%	24.1%	100.0%	

Legend: Q7: a. very scared, b. scared, but not that much, c. I was not scared; Q8: a. yes, I would take them for a regular check-up, and for emergency intervention, b. no, I would not take them for a regular check-up, but only for emergency intervention; Q9: a. to a state institution, b. to a private dental clinic



Graph 1. Distribution of agreement levels with responses 7a, 7b, and 7c on the Likert scale

erately scared, and only 7.4% were not scared at all. In contrast, among those without a family history of infection, 10.1% were very scared, 56.3% were moderately scared, and 33.6% reported no fear. The difference was highly statistically significant (p<0.0001) **(Table 2).**

The highest average agreement score (Q7) on the Likert scale (3.48±1.525) was recorded for option b ("moderately scared"), while the lowest (2.57±1.636) was for option c ("not scared at all") **(Graph 1).**

The association between parents' fear levels (Q7), their attitudes towards the necessity of dental interventions (Q8), and their preferred type of dental institution during the pandemic (Q9) was analyzed using Pearson's chi-square test (**Table 3).**

When asked about the types of dental intervention they would seek for their children during the pandemic, 75.4% of respondents stated they would go for both regular check-ups and emergency interventions, while 24.6% would go only for emergencies. This choice was not significantly influenced by the level of fear (p>0.05) **(Table 3).**

Regarding the choice of dental institution during the pandemic, 56.7% preferred state institutions, while 43.3% chose private clinics. Again, no statistically significant association was found with the level of fear (p>0.05) **(Table 3).**

Although a correlation was observed between a moderate level of fear ("I was scared, but not too much") and the choice of institution or decision to pursue regular or emergency dental care (Q8 and Q9), this correlation was not statistically significant.

Discussion

Dental settings are often perceived as stressful environments for both children and their parents. During the Covid-19 pandemic, this fear was notably intensified due to the perceived risk of SARS-CoV-2 transmission, especially in the absence of adequate protective measures [13]. At the onset of the pandemic, parents – motivated by concern for their children's well-being – were generally more cautious than individuals without parental responsibilities [14].

Approximately half of the surveyed parents in our study reported a moderate level of fear regarding SARS-CoV-2 infection, which some authors suggest may positively influence behavioral changes related to infection prevention [15]. Taravati et al. in Iran similarly reported that the majority of parents (62.6%) experienced moderate fear, while 26.8% reported strong fear [16]. In Poland, Olszewska et al. [17] found that the proportion of parents with above–average fear levels was over ten times higher than in the pre-pandemic period, correlating closely with children's fear levels.

Likert scale responses in our study further confirmed a predominance of moderate fear, with few respondents reporting a complete absence of concern. In contrast, Samuel et al. [18] found that parents generally reported high levels of fear, possibly reflecting differences in cultural mentality or prior societal hardships in Serbia - such as wars, economic crisis, or natural disasters – that may influence emotional responses.

Although previous research has shown that mothers were more engaged in their children's oral health during the pandemic [19], our findings revealed that mothers and fathers expressed similar levels of fear. However, other studies have found that women were generally more fearful than men in dental settings during the pandemic [16]. This discrepancy may stem from mothers heightened emotional burden as primary caregivers, although shared responsibilities with fathers could explain the more balanced levels of fear observed in our study.

Our findings also indicate no significant differences in fear levels based on place of residence. Both urban and rural populations expressed moderate fear, which may reflect relatively stable mental health across regions, despite increased infection risk in densely populated urban areas and widespread exposure to media coverage. While similar national studies are lacking, research in Germany has shown regional variation in fear and mental health based on local infection rates [20].

Education background significantly influenced parental fear. Half of the respondents with only primary education reported no fear of SARS-CoV-2 infection. This may reflect limited understanding of disease transmission or a lack of public health awareness, which could hinder detection and risk assessment [21].

Previous studies have found that lower education levels are associated with greater fear and anxiety during the pandemic [16]. The majority of information about COVID-19 was disseminated through social media, television, and internet platforms [10], and excessive media consumption has been linked to elevated fear and misinformed attitudes, as noted by Garfin et al. [22]. Parents with secondary and higher education levels demonstrated more controlled responses to the threat of infection, likely due to better knowledge of the virus and its transmission routes. Surme et al. [23] similarly found that parental knowledge about SARS-CoV-2 transmission varies significantly by education level. Notably, 9.6% of respondents with lower education levels in their study reported having no knowledge of transmission pathways, which may indirectly affect fear perception.

As Mertens et al. [24] noted, families who experienced the loss of loved ones during the pandemic were more likely to experience elevated fear. In our study, respondents with a family history of SARS-CoV-2 infection were significantly more fearful compared to those without such experiences. While 36.4% of parents in our sample had a positive family history of infection, Taravati et al. [16] reported slightly lower percentage (25.6%) and found no significant correlation between family infection history and fear.

Access to dental care was also disrupted by government-imposed restrictions and a general lack of understanding about the virus [1]. Parental knowledge, behavior, and attitudes of play an essential role in maintaining children's oral health. Better parental knowledge is associated with better oral health outcomes [10]. The pandemic has highlighted the need to disseminate oral health information through digital platforms, allowing pediatric dentists to offer preventive guidance remotely. Telephone consultations and teledentistry can support parent-dentist-child communication [25], although this approach remains underutilized globally [19] and should be further promoted.

Most surveyed parents acknowledge the importance of both regular dental check-ups and emergency interventions for their children. Only a minority believed dental visits should be reserved for emergencies during the pandemic. This contrasts with findings from Guo et al. [8], who emphasized the need for emergency-only dental treatment due to heightened parental fear. Campagnaro et al. [9] similarly observed that parents with greater fear were less likely to bring their children to the dentist. In China, as many as 84% of parents reported they would only take their children for urgent dental care during the pandemic [10]. Ceyhan et al. [26] reported that only a quarter of parents had taken their child to the dentist, despite dental issues being present, while 74.4% had not. Ekinci et al. [27] found that mothers were more proactive, with 81.9% affirming they would take their child to the dentist, compared to only 59.6% of fathers. Additionally, there has been a global increase in interest in self-treatment during the pandemic [28].

Regarding choice of dental institution, preferences were nearly evenly split between public and private clinics. In line with our findings, a similar study reported that 53.19% of parents feared virus transmission during dental visits and preferred private practices [11]. Sahin et al. [29] found that 69.3% of respondents chose private clinics, while 18.8% chose dental faculties and 11.9% opted for public institutions. Trust in the quality of care provided may influence institutional choice [30]. In response to global healthcare disruption, the World Health Organization issued guidelines for both public and private dental sectors, recommending protective measures such as masks, gloves, face shields, hand hygiene, ventilation, disinfection, reduced companions, and spacing between appointments [1].

Conclusion

Although a moderate level of fear regarding Severe Acute Respiratory Syndrome Coronavirus 2 infection in dental settings was confirmed among parents, it did not significantly alter their behavior concerning regular dental check-ups, treatment of their children, or the choice of dental institution. The results of this study offer valuable insights that can inform strategies for public behavior in the context of future pandemics.

References

1. Coulthard P. Dentistry and coronavirus (COVID-19) - moral decision-making. Br Dent J. 2020;228(7):503-5.

2. Atalan A. Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective. Ann Med Surg (Lond). 2020;56:38-42.

3. Vujasin D, Vejnović A, Ivanović Kovačević S, Šobot V, Knežević V, Bandulaja M. Child and adolescent psychiatry: change in the dynamics of treatment caused by the coronavirus pandemic. Med Pregl. 2023;76(9-10):275-80.

4. Talevi D, Socci V, Carai M, Carnaghi G, Faleri S, Trebbi E, et al. Mental health outcomes of the CoViD-19 pandemic. Riv Psichiatr. 2020;55(3):137-44.

5. Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths MD, Pakpour AH. The fear of COVID-19 scale: development and initial validation. Int J Ment Health Addict. 2022;20(3):1537-45.

6. Volgenant CMC, de Soet JJ. Cross-transmission in the dental office: does this make you ill? Curr Oral Health Rep. 2018; 5(4):221-8.

7. Dave M, Seoudi N, Coulthard P. Urgent dental care for patients during the COVID-19 pandemic. Lancet. 2020;395-(10232):1257.

8. Guo H, Zhou Y, Liu X, Tan J. The impact of the COVID-19 epidemic on the utilization of emergency dental services. J Dent Sci. 2020;15(4):564-7.

9. Campagnaro R, Collet GO, Andrade MP, Salles JPDSL, Calvo Fracasso ML, Scheffel DLS, et al. COVID-19 pandemic and pediatric dentistry: fear, eating habits and parent's oral health perceptions. Child Youth Serv Rev. 2020;118:105469.

10. Sun J, Xu Y, Qu Q, Luo W. Knowledge of and attitudes toward COVID-19 among parents of child dental patients during the outbreak. Braz Oral Res. 2020;34:e066.

11. Meenapriya M, Gurunathan D, Rajendran D. Parents concern regarding dental treatment for children during COVID-19-a survey. International Journal of Current Research and Review. 2020;12(9):74-83.

12. Taherdoost H. What is the best response scale for survey and questionnaire design; review of different lengths of Rating scale / Attitude scale / Likert scale. International Journal of Academic Research in Management. 2022;8(1):1-10.

13. Jamal M, Shah M, Almarzooqi SH, Aber H, Khawaja S, El Abed R, et al. Overview of transnational recommendations for COVID-19 transmission control in dental care settings. Oral Dis. 2021;27(Suppl 3):655-64.

14. Lauri Korajlija A, Jokic-Begic N. COVID-19: concerns and behaviours in Croatia. Br J Health Psychol. 2020;25(4):849-55.

15. Barber SJ, Kim H. COVID-19 worries and behavior changes in older and younger men and women. J Gerontol B Psychol Sci Soc Sci. 2021;76(2):e17-23.

16. Taravati S, Farokhnia M. The impact of parents' fears of the SARS-CoV-2 pandemic on children's visits to pediatric dental offices in Iran. J Family Med Prim Care. 2022;11(10):6472-7.

17. Olszewska A, Rzymski P. Children's dental anxiety during the COVID-19 pandemic: Polish experience. J Clin Med. 2020;9(9):2751.

18. Samuel SR, Kuduruthullah S, Khair AMB, Shayeb MA, Elkaseh A, Varma SR. Dental pain, parental SARS-CoV-2 fear and distress on quality of life of 2 to 6 year-old children during COVID-19. Int J Paediatr Dent. 2021;31(3):436-41.

19. Goswami M, Grewal M, Garg A. Attitude and practices of parents toward their children's oral health care during COVID-19 pandemic. J Indian Soc Pedod Prev Dent. 2021;39(1):22-8.

20. Peters A, Rospleszcz S, Greiser KH, Dallavalle M, Berger K. The impact of the COVID-19 pandemic on self-reported health. Dtsch Arztebl Int. 2020;117(50):861-7.

Rad je primljen 19. IV 2025.
Recenziran 28. IV 2025.
Prihvaćen za štampu 28. IV 2025.
BIBLID.0025-8105:(2025):LXXVIII:1-2:29-35.

21. Al-Dmour H, Masa'deh R, Salman A, Abuhashesh M, Al-Dmour R. Influence of social media platforms on public health protection against the COVID-19 pandemic via the mediating effects of public health awareness and behavioral changes: integrated model. J Med Internet Res. 2020;22(8):e19996.

22. Garfin DR, Silver RC, Holman EA. The novel coronavirus (COVID-2019) outbreak: amplification of public health consequences by media exposure. Health Psychol. 2020;39(5):355-7.

23. Surme K, Akman H, Cime Akbaydogan L, Akin M. Evaluation of parents' knowledge and attitudes towards pediatric dental practice during the COVID-19 pandemic. Oral Health Prev Dent. 2021;19:271-7.

24. Mertens G, Gerritsen L, Duijndam S, Salemink E, Engelhard IM. Fear of the coronavirus (COVID-19): predictors in an online study conducted in March 2020. J Anxiety Disord. 2020; 74:102258.

25. Estai M, Kanagasingam Y, Tennant M, Bunt S. A systematic review of the research evidence for the benefits of teledentistry. J Telemed Telecare. 2018;24(3):147-56.

26. Ceyhan D, Kirzioglu Z, Yildirim F. An evaluation of knowledge, awareness, attitudes, and behaviors regarding COVID-19 among parents of pediatric dental patients. Clin Pediatr (Phila). 2022;61(2):168-76.

27. Ekinci A, Tosun O, Islam A. The knowledge and attitude of parents about the dental treatment of their children during the new type of coronavirus outbreak in Northern Cyprus. Front Public Health. 2022;10:821474.

28. Sen Tunc E, Aksoy E, Arslan HN, Kaya Z. Evaluation of parents' knowledge, attitudes, and practices regarding self-medication for their children's dental problems during the COVID-19 pandemic: a cross-sectional survey. BMC Oral Health. 2021;21(1):98.

29. Sahin O, Cinel Sahin S. Investigation of patients' perspective on dental treatments and institution preferences in COVID-19 normalization process in Turkey. Ank Med J. 2020;20(4): 869-81.

30. Van der Zande MM, Exley C, Wilson SA, Harris RV. Disentangling a web of causation: an ethnographic study of interlinked patient barriers to planned dental visiting, and strategies to overcome them. Community Dent Oral Epidemiol. 2021; 49(2):144-57.